Navy Drug Detection and Deterrence Newsletter



SERVING PROUD • SERVING DRUG FREE

OCTOBER 2020



MESSAGES TO SHARE

Below are sample messages to be shared on social media or as Plan of the Week notes aligned with Navy Drug Detection and Deterrence's prevention efforts:

- There are numerous reasons to quit smoking, but did you know that decreasing breast cancer risk is one? Smoking and heavy exposure to secondhand smoke have been associated with increased breast cancer risk. October is Breast Cancer Awareness Month and a great time to try to quit. Find smoking cessation information and resources at ycq2.org.
- 2. Red Ribbon Week is a drug prevention awareness week observed every year from October 23 through 31 to encourage children to stay drug-free. This year's theme is "Be Happy. Be Brave. Be Drug Free." Learn more about RRW 2020 by visiting RedRibbon.org.
- National Prescription Drug Take Back Day is scheduled for Saturday, October 24 from 1000— 1400. Safely and anonymously dispose of old, expired prescription meds at a collection site. Learn more about Take Back Day at go.usa.gov/xnt4M and find sites near you. If there's a local military treatment facility, they may offer year-round disposal through a drop box.
- The Department of Defense has a new prescription drug misuse and illicit drug use campaign. Too Much to Lose aims to educate Service members on the facts around substance use that can impact health, career and overall well-being. Check them out online at TooMuchToLose.org to find helpful information and resources.

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PREGNANCY, BREASTFEEDING AND CANNABIS

Pregnancy can be exciting but physically less than joyful. Symptoms such as nausea, vomiting or heartburn and even anxiety or depression can range from minimal to nearly debilitating. While marijuana legalization may lead people to believe cannabis is safe treatment for a variety of conditions, little scientific literature exists regarding its use during pregnancy and breastfeeding,



resulting in practitioner hesitance toward counselling about the risks.

Cannabis and Pregnancy

Recent reviews of existing studies and several longitudinal studies indicate adverse outcomes associated with cannabis use during pregnancy, including reduced fetal growth, stillbirth, preterm birth, miscarriage and neonatal intensive care unit admission. Longitudinal studies show increased long-term adverse neurobehavioral effects on attention, working-memory, behavior regulation and spatial memory from prenatal cannabis exposure.

Delta-9-tetrahydrocannabinol (THC), cannabis' main psychoactive component, acts upon cannabinoid receptors present throughout the central nervous system and peripheral tissues. By 19 weeks gestation, a human fetus has substantially more cannabinoid receptors in its brain than an adult. This is important for the development of neural circuitry. Studies with rats show prenatal cannabis exposure results in long-lasting changes to genes related to neurotransmission and a rewiring of brain circuitry.

Cannabis and Breastfeeding

Some lactation consultants recommend breastfeeding as best despite cannabis use, while others advise against it. This difference of opinions may be due to the lack of research. A **study** of eight women who consumed a cannabis product and then pumped breast milk detected THC levels at a range between 0.4 percent and 8.7 percent of the mother's dose. A recent advisory from the Surgeon General shows that THC has been found in breastmilk up to six days after last recorded use.

Staying Healthy During Pregnancy

The harmful effects of smoking tobacco and drinking alcohol during pregnancy are well-documented and widely known. With various delivery methods of cannabis like edibles or vaping, some women may assume it can be a harmless therapy during a difficult time. A developing fetus is extremely susceptible to adverse health impacts. Pregnant women should make healthy lifestyle changes, including consuming additional folic acid, iron, calcium, protein and vitamin D and getting regular exercise.

When in doubt, ask your doctor whether your health habits are on track and what changes you should make to ensure the best start for your developing baby.

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NEW IFTDTL PORTAL: WHAT TO KNOW

The new IFTDTL portal is up and running. Here are answers to some of the questions you may have about new terms used in the new portal, the SAAR form and access to the portal.

New things to know

A few new terms are used in the portal. RRU stands for Reporting Results Unit and is replacing "UIC." ARG stands for Affiliated Reporting Group, replacing "MAJCOM."

WebDTP stands for Web Drug Testing Portal. It will replace NDSP and is part of the IFTDTL web portal.

Completing the SAAR Form

To access the new portal, you must complete the DD 2875 SAAR, which can be found on the new IFTDTL portal at https://ftdtl.health.mil.

Click the "Getting Started" link in the upper left corner of the home screen, then the "New User Guide" link from the drop-down options. You will be able to download it from the DD 2875 hyperlink.

All SAAR requests must be digitally signed. Make sure you have the correct SAAR (iFTDTL dd2875 v5.1.pdf) and have clicked the "enable all features" button in the upper right-hand corner of the form. MRO access (addressed on the SAAR) will be solely for OPNAV N170D staff. Users will be able to see their command positives just as they did in the legacy portal.

To submit the form, existing users with an active account or those whose account will soon expire can submit via unencrypted email to **MILL_dtadmin@navy.mil**. New users can upload the form to the portal under the "Register as a New User" link.

Accessing and understanding the new portal

The new portal can be accessed at **ftdtl.health.mil**. All accounts active on or before 15 August 2020 were migrated to the new portal. The old portal will expire on 15 October 2020.

UPCs will continue to have RRUs they are responsible for testing, and ADCOs will have ARG access. Results will be marked as viewed in the new portal if a user with "marked viewed" access for the RRU has viewed the results.

Learning more and getting help

OPNAV N170D will conduct weekly webinars on Wednesdays to train users on how to use the new portal. The monthly schedule is posted in this newsletter, and the full schedule is posted online at www.ddd.navy.mil. If you have guestions or problems accessing the new portal, contact the helpdesk at (901) 874-2458.

CURRENT & UPCOMING EVENTS

OCTOBER DDD WEBINARS

Each webinar is scheduled for 1000-1130 CT and 1700-1830 CT. 7—WEB DTP/DTP Lite Demo 14—New Portal/WEB DTP Reports 21— Managing Discrepancies Learn more and stay up-to-date by visiting www.ddd.navy.mil

ADAMS FOR LEADERS, DAPA & UPC COURSES

Can be accessed using your CAC by logging in to MyNavy Portal (MNP) at my.navy.mil or Catalog of Navy Training Courses (CANTRAC) at app.prod.cetars.training.navy.mil/cantrac/vol2.html

NMCPHC WOMEN'S HEALTH MONTH

October Find the toolbox at **go.usa.gov/xVNTW**.

RED RIBBON WEEK

October 23-31

PRESCRIPTION DRUG TAKE BACK DAY

October 24

SUBSTANCES AND SIDS RISK

Around 3,500 infants die from sleep-related causes in the U.S. each year. October is Sudden Infant Death Syndrome (SIDS) Awareness Month, an opportunity for families to learn and teach others tips for creating a safe sleep environment for their babies.

Experts recommend infants sleep in the same room as their caregivers but not on the same surface. Studies show that sleep-related death risk is increased for babies who bedshare with a current smoker, or whose mother smoked during pregnancy or with someone impaired due to substance use, including sedative use.

Babies should sleep alone in their crib or on another sleep surface designed for babies with no blankets, toys or pillows. They should never be exposed to smoke or cared for by someone who is impaired by substances.

The National Institutes of Health's **Safe to Sleep campaign** page has more information about safe infant sleep and ways to talk about SIDS on social media during SIDS Awareness Month.